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Helping Older Persons Meet Their Nutritional Needs

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When we focus attention on the nutritional situation of persons over 65 years of age, we are concerned with 10 percent of our population—about 20 million persons. Over 11 million of them are women, mainly widows, many living alone. Most of the men are married, with approximately 90 percent living as heads of households. In 1968, about 30 percent of the families with aged heads had annual incomes under \$3,000; 7 percent had less than \$1,500. Of the single individuals, 42 percent had less than \$1,500 income. For these older persons, social security was the major source of income.

Our society is assuming greater responsibility for its older citizens. A Task Force on Problems of Aging has been appointed by the President to assist the administration with ideas and recommendations for 1970 and beyond. A presidential proclamation has announced a White House Conference on Aging to be held in late 1971.

Considerable progress has been made in the past few years in recognizing the needs of the aging. Beginning with the Older Americans Act of 1965, legislation has been passed and programs have been developed to benefit them. Some of the programs are concerned with the nutritional needs of older persons.

IMPORTANCE OF GOOD NUTRITION

Nutrition and health

Good nutrition plays an important role in the health of older persons. Problems of health and nutrition may be related to other aspects of their living—housing, clothing, transportation, and recreation. They are influenced by income and by social situations—family ties, social relations with friends and neighbors, and community involvement.

Premature aging is believed to be related to poor nutrition. Many persons who work with the elderly are convinced that a better diet brings about marked improvement in both physical and mental health.

Nutritional needs of older persons

It is believed that older persons need the same nutrients as younger persons. However, their energy requirements are lower because of the decrease in metabolic rate and activity. The National Research Council recommended that calorie allowances decline for the reference man from 2,800 at age 22 to 2,400 at age 65 and for the reference woman from 2,000 at age 22 to 1,700 at age 65.

DIETS OF OLDER PERSONS

How well do older persons eat?

The 1965-66 USDA Nationwide Food Consumption Survey showed that older persons in the family had poorer diets than the younger members. The women's diets were not as good as those of the men. The diets of women, 65 years and over, averaged more than 30 percent below recommended allowances for calcium and were below amounts recommended for thiamin, riboflavin, iron and vitamin A value. The diets of men, 75 years and over, averaged 24 percent below recommended allowances for calcium, 16 percent below for riboflavin, and about 10 percent below for vitamin A value and ascorbic acid. The women used the equivalent of less than 1 cup of milk daily while the men used slightly more.

A survey in Iowa of women's diets found that as these women grew older, the amount of protein and calcium in their diets decreased along with the energy value. Ascorbic acid and vitamin A values also declined. The food groups most neglected were the milk and meat groups. Although sufficient amounts of fruits and vegetables were chosen, the selection did not include enough of those high in ascorbic acid and in vitamin A. The survey findings suggest that the diets would be improved by replacing some of the sweets and fatty foods with foods higher in needed nutrients.

REASONS FOR POOR NUTRITION

Many persons enter the older years in a poor nutritional state because of (1) poor food habits continued from earlier years and (2) illness. The incidence of chronic disease in the elderly is high, and poor food habits may be a contributing factor.

Inadequate diets are often the result of low incomes coupled with the rising cost of living. Many of the elderly poor must live meagerly in order to eat. Some are forced to choose between buying enough food and paying their rent or property tax or other living expense.

The USDA low-cost food plan (Sept. 1969) calls for \$760 a year to provide an adequate diet for a couple, 55-75 years of age. When we relate this amount of money to the \$1,500 and \$3,000 incomes cited in the first paragraph of this article, it is apparent that some older persons will be unable to buy the food they need.

Many aged persons fail to realize the importance of a nutritious diet and do not know how to choose one. Some waste their few dollars on food fads. Illness, disability, and lack of transportation make food shopping difficult. Some are confused by the variety of items. They may be unable to carry heavy groceries. Food preparation is beyond the capabilities of some. They may not have equipment for preparing, serving, and storing food. The lack of proper dentures often limits food choices.

For these reasons, many older persons eat snacks rather than regular meals. Tea and toast or coffee and sweet rolls are easy to prepare. These foods are stimulating and comforting to older persons, but are not a good substitute for balanced meals.

The project FIND (National Council on the Aging and Office of Economic Opportunity) reported that 25 percent of the elderly poor persons interviewed said their food did not taste good. Forty percent of the men and 31 percent of the women said they couldn't shop for food without help; 55 percent of the men and 16 percent of women said they couldn't prepare their own meals.

Below are some statements made by qualified witnesses in the hearings on Nutrition and the Elderly before the Senate Select Committee on Nutrition and Human Needs held September 9, 1969, in Washington, D.C.

"Causes of poor nutrition in aging adults are more varied and probably more complicated than for other age groups. Solutions are also more complex.

"Lack of transportation is a problem for the aged—to get to markets, to food stamp or donated food centers. Many cannot stand in waiting lines or carry packages.

"Malnutrition is a serious factor in bringing about mental illness in older persons. Families should be alerted to the significance of nutrition.

"Supplying cash or food stamps without helping people to make wise choices will not get far.

"Much money is wasted on food fads. Most people don't need food supplements. They need foods that are nourishing and that they enjoy.

"There is no systematic and continuous mechanism to get interpreted research information to persons who work with the aged."

WAYS TO IMPROVE THE NUTRITION OF OLDER PERSONS

Below are some of the recommendations made at a conference of national organizations sponsored by the National Council on the Aging in cooperation with OEO in Washington, D. C., October 26-29, 1969.

1. Emphasis should be put on prevention of poor nutrition rather than its cure. This could be done by supporting sound nutrition programs such as:

- Home delivered meals at reasonable prices, perhaps requiring subsidy.
- Group feeding programs—particularly important in counteracting loneliness and social isolation.
- Increased nutrition and consumer education to help the aged make good food choices, shop wisely, and avoid food fads.
- Public health nutrition programs for those with chronic diseases.
- Counselling services for persons requiring special diets.
- Improved distribution of food stamps and federally donated foods.
- Expansion of the Homemaker-home Health Aide program to enable more older persons to take care of their food needs and remain in their own homes.

2. There should be recognition of need for essential equipment in the home for food storage, preparation, and serving, and this equipment should be provided.

3. Improved food service is needed in institutions for the aged.

4. Nutrition education to reach all age groups should be initiated through schools and colleges and through community programs—such as Cooperative Extension and adult education—so that more persons will be well nourished when they enter the older years.

Education in foods and nutrition

Older persons often need to be encouraged to eat a wider variety of foods. Selection from the four basic food groups will discourage food faddism to which the elderly are especially susceptible.

Older persons can learn about foods on today's market and how to be more skillful shoppers so that they get full value for their food money and food stamps. They

can also learn simple food preparation that emphasizes the uses of federally donated foods.

For the nutritionist who doubts that older persons will change their food habits, an example at the University of Connecticut can be an inspiration. Small groups of older persons there responded well to mailed literature and to personal visits from a nutritionist. The milk consumption of one group increased 33 percent after they received mailed literature on the subject. Another group increased its milk consumption 45 percent following a home visit by the nutritionist. Ages of the older persons ranged from 65 to 76 years.

Meal assistance at home

Help with food shopping and meal preparation is given older persons in some areas by homemaker health aides or auxiliary workers in welfare, public health, or Extension Service programs.

Portable meals delivered to the homebound at minimum or no cost sometimes provide a meal companion. With a full course hot meal may be included a later meal—either sandwich type or foil-packed—for refrigeration and heating. Breakfast for next day is sometimes provided.

Meals in a social setting

Meal service and social contacts are being provided in senior centers, public housing, churches, schools, and other settings. The meals are low-cost or free and are either prepared where eaten or at a central location and delivered to the eating sites. The program may also include recreation, social activities, nutrition education, dietary counseling, consumer education, and classes in cooking, sewing, and crafts.

In some localities, institutions such as schools extend their regular meal service to older persons nearby.

COMMUNITY PROJECTS SERVING ELDERLY

AOA demonstration projects

Administration on Aging of the U.S. Department of Health, Education and Welfare had, by July 1969, 24 food and nutrition demonstration projects under way. The projects provide meals in a social setting along with nutrition and consumer education. Their evaluation will yield information about some ways to upgrade the nutrition of older Americans. Description of a few of the projects follows.

In Los Angeles, the Senior Citizens Association is testing the feasibility of using public school facilities. A hot meal is served after school hours in the school cafeteria by the school lunch workers. Teachers in the Adult Educa-

tion Division are conducting nutrition and consumer education classes.

In the District of Columbia, the Washington Urban League is serving individually-packaged meals to older persons in a crowded urban area. The meals are ready-to-serve and are delivered to three sites: public housing, a recreation center, and a church. These sites have suitable facilities for meeting but not for food preparation.

In Chicago, 3,000 older persons are being served food in 35 different sites. Three different types of food services are used—a catering firm, a hospital, and a home for the aged.

Seattle's older lone men and women living in downtown hotels are being served a hot noon meal, with a social program, by a downtown church. Cost is nominal to the recipients, and special efforts are made to reach lone older men who are generally reluctant to participate.

The Northeast Kentucky Area Development Council, Inc., is bringing the elderly poor in isolated mountain areas together to upgrade their meals and alleviate their loneliness. Thirty elderly persons gather on Saturday evenings at eight different sites for meals and social activities. Transportation is provided as well as nutrition and consumer education.

A Denver project in five locations is demonstrating techniques for involving the elderly in initiating, administering, and participating in a food and nutrition program. Older persons are employed part time for food service, outreach, and host and clerical duties.

In four central city sites of Detroit, a project of the Department of Parks and Recreation includes weekend dining clubs and potluck meals, as well as group meals.

Meal service to the homebound is included in some projects, often with a meal companion. Take-home meals are also provided in some of the programs.

Project Moneywise-Senior

Project Moneywise-Senior, a consumer education project of the Bureau of Federal Credit Unions, Department of Health, Education and Welfare, is demonstrating how to help older persons with food selection and food buying. Older persons are trained to set up group programs of consumer education for other older people. The two-week training project has been given in Massachusetts and Hawaii.

PROGRAMS SERVING FAMILIES

Many older persons benefit from the various nutrition programs for families.

Cooperative Extension Service

The expanded Extension food and nutrition education program of the USDA is directed toward improving diets

of low-income families. By September 1, 1969, 171,000 families had received food and nutrition instruction from 4,300 program aides employed to assist the Extension home economists.

Public Health Service

Public health nutritionists reach older persons with nutrition education and dietary counselling. In some communities, an outreach effort with nutrition aides serves the elderly poor. Public Health Service is supporting the development of Neighborhood Health Centers to get health services, including nutrition education, to the disadvantaged. The Centers serve a high proportion of elderly persons.

Welfare

The nutrition of the elderly poor is influenced by the services of public and private welfare programs that concern their income and their health. Low-income families and individuals are certified as eligible by the local public welfare department for participation in the USDA's programs of food stamps or donated foods.

Office of Economic Opportunity

OEO funds are being used in a wide range of programs to benefit older persons—food services in centers, portable meals, and consumer and nutrition education. Currently, a statewide Homemaker-home Health Aide program is being developed in Missouri which will be hospital-connected and will employ older persons as aides. Through its outreach effort, the OEO Emergency Food and Medical Services program helps the needy, including the elderly, to obtain food and medical services and nutrition education. Assistance is given in obtaining and efficiently using federally donated foods and food stamps.

Homemaker-home Health Aide program

Homemaker-home health aides are making it possible for many elderly persons to remain in their own homes. Local programs function as part of the services of a variety of agencies. To find out if a service exists in a given community, inquire at the United Givers Fund or similar organization, the Visiting Nurses Association, the Homemaker-Home Health Agency, or the Welfare Department. Payments for certain services to older persons can be made with Medicare or Medicaid funds. The outlook is for widespread expansion of the Homemaker-home Health Aide program.

Education

Adult education programs in colleges and schools reach many older persons. The vocational home economics departments of the public school and the Cooperative Extension Service give courses on selecting a good diet and spending the food dollar. In low-income areas, programs include use of food stamps and federally donated foods. Other organizations offering consumer education to older persons include the American Association of Retired Persons, Young Men's Christian Association, Young Women's Christian Association, the labor unions, and cooperative associations. Pre-retirement education programs of government and business include consumer information.

Another type of educational effort that benefits the aged is the inclusion in school and college curricula of materials on aging that help the youth to understand the problems and needs of older persons. The home economics curriculum for the State of Louisiana includes such materials, with a section on food and nutrition for the aging.

MEALS IN INSTITUTIONS

Federal standards established for dietary service in institutions in which patients receive care under Medicare and Medicaid have resulted in increased use of dietitians for consultation and supervision. Also, there are more training opportunities for food service supervisors and dietary technicians, who work under the supervision of professional dietitians.

ROLES FOR NUTRITIONISTS, DIETITIANS, AND HOME ECONOMISTS

Many nutritionists, dietitians, and home economists—through their work in education, health, welfare, and research—can help older persons better meet their nutritional needs. Also, participation and leadership in the community's efforts to serve its aged offer enriching experiences to the volunteers with nutritional background.

In many community programs, there is an urgent need for consultation and assistance. These programs should be improved and expanded; imaginative and adventurous efforts are needed to develop new services. On a personal level, older persons need warmth and friendship—friendly visiting, the offer of transportation, and personal interest go far in helping the aged better meet their nutritional needs and maintain their health.